

**U.S. House of Representatives
Committee on Agriculture
Testimony on Distance Learning and Telemedicine
By Howard Chapman, Jr.
Southwest Virginia Community Health Systems, Inc.
308 West Main St./P. O. Box 729
Saltville, VA 24370
June 25, 2003 at 10 am**

Chairman Goodlatte and Members of the Committee on Agriculture:

My name is Howard Chapman, Jr. I serve as the Executive Director of Southwest Virginia Community Health Systems, Inc. We receive federal funding through the Community Health Center (CHC) program, which is funded through the Bureau of Primary Care (BPHC). We operate the following programs through our organization:

- Saltville Medical Center - Saltville, VA (CHC serving Smyth /Washington Counties)
- Troutdale Medical Center – Troutdale, VA (CHC serving Grayson County)
- Twin City Medical Center – Bristol, VA (Scheduled to open June 30, 2003 CHC serving the City of Bristol, VA/TN)
- Migrant Health Network – Emory, VA (Migrant Outreach Program serving eight (8) counties in Southwest Virginia for migrant and seasonal farmworkers)
- Mt. Rogers Medication Assistance Program – (Prescription Medication Assistance for qualified indigent and uninsured patients in the Mt. Rogers Health District)

CHCs are public/private partnerships that are governed by a local volunteer board of directors. They are non-profit corporations that serve the entire community, regardless of the patient's ability to pay. This is through the use of a Sliding Fee Scale that discounts the patients charges based on their total family income and total family size. It is updated annually by the Federal Poverty Guidelines. . Our minimum co-pay, at the bottom end of the scale, is \$5 per visit. That is a true benefit for our indigent patients.

About one third of the operating budget comes from federal sources, the other two-thirds is generated through fee for service charges, private self-pay, and insurance

contracts. The CHCs serve as Federally Qualified Health Center (FQHC) providers through the Center for Medicare and Medicaid Services (CMS). They receive cost-based reimbursement for Medicare and Medicaid visits.

In 2001 our organization served 5,587 medical patients or users. We had 16,203 medical patient visits or encounters. We had 693 enabling patient users (i.e., patient transportation, translation, case management, etc.) and that produced another 3,849 enabling encounters. Of the patients we served, the following was noted:

- Uninsured – 53%
- White – 81%
- African American – 2%
- Hispanic – 17%
- Living below 100% of Poverty – 34%
- Living below 200% of Poverty – 37%
- Medicaid Coverage – 11%
- Medicare Coverage – 13%
- Private Insurance – 22%
- Mental Health or Substance Abuse – 9.5%

The area we serve has been devastated by plant closings in recent years. Since 1999 we have had 19 plants to close their operation in this area. That resulted in the loss of over 1,800 jobs and insurance coverage for the employees and their families. A recent newspaper article noted that the Smyth County unemployment just dropped below 10%. That may not be a true reflection of the unemployment rate, but reflects those receiving unemployment benefits dropped below 10%. Many of the remaining jobs in this area are in the woodworking and textile industry. They have low pay scales and are the first to produce layoffs and the last to recover when the economy is strong. Only 2% of the migrant and seasonal farmworkers we serve have insurance coverage.

As a federally funded Community Health Center, (CHC) that operates

programs in rural Southwestern Virginia, I know the problems of access to care. We provide primary care and preventative health services to our patients. The federal funding is primarily to serve the indigent and uninsured. Over 50% of our patients have no health insurance listed. It is estimated that 42 million Americans are uninsured and about 1 million Virginians are uninsured. There are currently about 3,500 federally funded CHC sites in the U.S. and 67 sites in Virginia.

The comprehensive services we offer as a CHC require that we partner and network with other area providers and service agencies. This allows us to maximize resources through eliminating duplication of services.

A big area of concern is access to specialty care. A shortage of these providers exist in our area and they often have a heavy patient load of insured and paying patients. These patients usually have transportation and the ability to pay and no real barriers to accessing care.

That is not the case with the indigent and uninsured patients. They do not have the ability to pay for the services up-front, (usually \$200 or more for the initial office visit). They lack transportation and insurance coverage for the needed labs, x-rays, and other testing, or just basic services.

The University of Virginia (UVA) Telemedicine Program has been a great benefit in our ability to serve the indigent and uninsured. UVA accepts our Sliding Fee Scale and discounts the patient charges based on their total family income and family size.

It is four (4) hours (one way) from the Saltville Medical Center, (SMC) to the UVA Hospital in Charlottesville. That makes routine travel to the UVA facility difficult for many of the indigent patients. UVA is the nearest state supported teaching hospital and

they provide a tremendous amount of indigent care across the state. Our area of rural Southwest Virginia has no mass transit and only limited taxi service. A recent study conducted by the Southwest Virginia GMEC (Graduate Medical Education Consortium) noted that 14% of the households in their service area (Planning Districts 1, 2, & 3) had no telephone service. About the same percentage lacked vehicular transportation. The UVA Telemedicine Program makes 24 separate specialties accessible and close to home.

UVA just placed a Digital Retinopathy Camera at SMC. We are currently participating in the Diabetes Collaborative, which is one of the Chronic Disease Collaborative sponsored by the CDC, National Institute of Health, and BPHC. The required eye exams are an important part of the treatment protocol for diabetic patients.

The Blue Ridge Poison Control Center is staffed through the UVA Telemedicine link 24 hours a day / seven days a week and is accessible by our staff.

A second part of the UVA Telemedicine program is to provide patient education. UVA offers an 8-week Diabetes Education Program, among others. They will also help with programs and trainings for specific needs. It puts the resources of UVA in the hands of our providers.

The UVA link also offers Continuing Medical Education (CME) to our providers and staff. This removes much of the rural isolation for our providers and has improved our efforts in recruitment and retention of providers. All of the UVA Telemedicine Services (including CME), are made available to the public, area providers and their patients. The CDC Broadcast for Bio-Terrorism Preparedness was available through the UVA Telemedicine link. Local police, fire, rescue, public health officials, and others attended this broadcast at SMC.

Other community organizations have used the UVA Telemedicine link at SMC and other locations to conduct their meetings. This includes the Southwest Virginia AHEC (Area Health Education Center) and the Southwest Virginia GMEC (Graduate Medical Education Consortium). Both of these are organizations that deal with teaching and training health care professionals. The service area for these organizations can take up to six (6) hours driving time to travel from end to end.

Further expansion of the use of the telemedicine program would be my recommendation to improve the system. It puts services in remote rural areas that lack resources to support a full time provider. It provides direct treatment and education to the patients we serve that they could not afford. Similar programs could benefit the indigent and uninsured across the state and nation with such established linkages.

The one problem I would note is access to mental health counseling. UVA has a connection through the Apple Link and the system used by the Community Service Boards. Unlike the UVA services, their counselors are hard to access, but are in great demand among our patients and other communities throughout Southwest Virginia.

In conclusion I would like to say that the UVA Telemedicine program and their partnership with our organization and other CHCs across the state has lead to improved access to specialty care. That in turn has improved health outcomes and the quality of life for many of the people we serve.

Thank you for your time and your support for the telemedicine program.

Sincerely,

Howard Chapman, Jr.
Executive Director
Southwest Virginia Community Health Systems, Inc.